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PTO/SB/01 (10-00)

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	Attorney Docket Number	GONZ01		
DECLARATION FOR UTILITY OR	First Named Inventor	Gonzalez		
DESIGN PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number			
□ Declaration □ Declaration □ Submitted OR Submitted after Initial	Filing Date			
	Group Art Unit			
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

My residence, mailing address, an	My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHODS AND APPARATUS FOR TREATING METAL-WORKING FLUID										
	Ø	itle of the Invention)								
the specification of which										
is attached hereto		1(_2_10)	nton Amelia-E A	lumber or DCT Inton	national					
OR was filed on (MM/DD/YYYY)		as United St	ates Application I	lumber or PCT Inten	nauUnai					
'				(if app	licable).					
Application Number	and was a	amended on (MM/DD/YY)	YY) L							
I hereby state that I have reviewe amended by any amendment spe	d and understand the α cifically referred to above	ontents of the above iden re.	tified specification	ı, including the claim	ns, as					
I acknowledge the duty to disclos in-part applications, material infor PCT international filing date of the	mation which became a	ivaliadie detween the illin	defined in 37 CF g date of the prior	R 1.56, including for application and the	continuation- national or					
certificate, or 365(a) of any PCT	international application	n which designated at lea	ast one country of	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application		Foreign Filing Date	1		inventors					
Number(s)	Country	(MM/DD/YYYY)	Priority Not Claimed	Certified Copy A	med.					
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Number(s)	Country			Certified Copy A	med. ttached?					
Number(s) Additional foreign application		(MM/DD/YYYY)	Not Claimed	Certified Copy A YES N	inventor's med.					
	numbers are listed on a	(MM/DD/YYYY) a supplemental priority da	Not Claimed	Certified Copy A YES	inventor's med.					
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[Page 1 of 2]

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Country		Telephone	e			Fax	:	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INV	'ENTOR :			A petiti	on has been fi	ed for this unsigned in	ventor	
Given Name Anthony H (first and middle [if any])	1.			Family I	Name Gonzale ame	Z		
Inventor's Signature Southwy	14.60	noch	y			Date 3 -/6 - 2	00/	
Residence: City Springfield			State OF	۶	US Country	Citizenship US		
Mailing Address ALG Life Science	s							
Mailing Address 633 Poltava Stree	et							
City Springfield	OR State			ZIP 9	7477	US Country		
NAME OF SECOND INVENTOR	k:			A petit	on has been fi	led for this unsigned ir	ventor	
Given Name Michael D. Family Name Birran (first and middle [if any]) or Surname								
Inventor's Signature Date 3-16-0/								
Residence: City Eugene			State OF	₹	Country	US Citizenship		
Mailing Address ALG Life Science	es							
Mailing Address 633 Poltava Stre	et							
City Springfield	State OR			2IP 97	477	Country		
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if ar	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]	Family Name or Surname				
Michel			Jammal		
Inventor's Signature					Date 03:13:01
Residence: City Seattle	State WA	c	US	С	US itizenship
Mailing Address ALG Life Sciences					
633 Poltava Street \				- <u>, , , , , , , , , , , , , , , , , , ,</u>	
City Spriingfield	State OR		ZIP 97477 Co	ountry	, US
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed f	or this	unsigned inventor
Given Name (first and middle [if any]])		Family Name	or Su	ırname
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
Mailing Address					
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Manning Address					
City	State		ZIP	Coun	try
Name of Additional Joint Inventor, if a	ny:	A	A petition has been filed fo	r this	unsigned inventor
Given Name (first and middle [if any])	Family Name or Surname			r Surname
Inventor's Signature					Date
Residence: City	State		Country		Citizenship
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Application Number		
Filing Date		
First Named Inventor	Gonzalez	
Group Art Unit		
Examiner Name		
Attorney Docket Number	GONZ01	

I hereby appoint:						
X Practitioners at Customer Number 23892						
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Practitioner(s) named below:	Registratio PANTITHOS MRK OFFICE					
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I am the:						
X Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.7	[*] 1.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTC						
SIGNATURE of Applicant or Assignee of Record						
Name Anthony H. Gonzalez						
Signature Bottony H. Confuly						
Date March 16, 2001						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or forms if more than one signature is required, see below*.	r their representative(s) are required. Submit multiple					
☑ *Total of3forms are submitted.						

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Application Number	
Filing Date	
First Named Inventor	Gonzalez
Group Art Unit	
Examiner Name	
Attorney Docket Number	GONZ01

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The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael D. Birran Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our attorne business in the L	ey(s) or agent(s) to prosecute th United States Patent and Traden	e application identif nark Office connect	ied above, and to ed therewith.	transact all			
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Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael D. Birran Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR							
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Group Art Unit	
Examiner Name	
Attorney Docket Number	GONZ01

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Name Michel Jammal /				
Signature				
Date 03:18:01				
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